

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 114

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin { and } Number
Triplet { in order
or other? { of birth

DATE OF BIRTH* Dec. 17 1922
(Month) (Day) (Year)

FULL NAME FATHER Jesus Carbajal

FULL MAIDEN NAME MOTHER Juana Arneudarez

I HEREBY CERTIFY that the child described
herein has been named

Gilbert Carbajal
(Give name in full) (Surname)

Mrs. Jesus Carbajal
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

733-1217-119